

MICHIGAN DRUG ENDANGERED CHILDREN (DEC) RESPONSE PROTOCOL

This response protocol is a guide for managing the safety issues of children who are found in drug labs and/or homes. Procedures are intended for law enforcement, child welfare, public health, emergency medical services, fire, social services and others who respond to help children found in drug labs and/or homes. Due to the unique and harmful byproducts produced from methamphetamine ("meth"), this protocol is designed primarily for use of meth endangered children but may also be applied to other controlled substances.

Drug Endangered Children (DEC) are children under age 18 found in homes: (a) with caregivers who are manufacturing controlled substances in/around the home ("meth labs") or (b) where caregivers are dealing/using controlled substances and the children are exposed to the drug or drug residue ("meth homes" and/or "drug homes"). Given these circumstances, the protocol should be followed to ensure the safety, health and welfare of the child.

A DEC response team will be managed at the local level, and should be comprised of administrators who can ensure that agency personnel are knowledgeable about the DEC protocol and that the protocol is being followed. Representation on a DEC response team should include personnel from: Prosecutor's office, law enforcement agency (LEA), Department of Human Services (DHS), school system, medical staff, and local public health.

Pursuant to Public Act 263 of 2006, if a central registry case involves a child's exposure to or contact with methamphetamine production, the DHS shall refer the case to the prosecuting attorney for the county in which the child is located.

A. INITIAL DISCOVERY: RESPONSE TO CHILDREN FOUND IN A DRUG HOME

Appropriate Responder: LEA, DHS, and if LEA gives clearance, additional responders

1. Any responder who discovers children living in a home where meth or other drugs are being used, dealt and/or manufactured and where the children are exposed to the drug or drug residue will contact LEA (call 9-1-1) and Department of Human Services (DHS) and request dispatch to the scene.
2. Pursuant to P.A. 256 of 2006, in conducting an investigation of child abuse involving a child's exposure to or contact with methamphetamine production, DHS shall seek the assistance of and cooperate with law enforcement officials within 24 hours of initial discovery. Law enforcement officials shall cooperate with DHS in conducting investigations of child abuse related to methamphetamine exposure or contact.
3. If while in the home, any responder other than LEA sees or smells any signs of a potential meth lab or evidence of other narcotic use, he/she will exit immediately without alarming the suspects and contact LEA.
4. Other responders may only enter a drug home if it has been secured and determined safe by LEA. Other responders will work under the direction of LEA to assist in removing children, and if directed to do so, their belongings, from the home.

B. INITIAL DISCOVERY: RESPONSE TO CHILDREN FOUND AT METH LABS

Appropriate Responder: Law Enforcement Authority (LEA)

For the purposes of this protocol, a meth lab is considered any location where chemicals and/or equipment used to make methamphetamine are present.

1. Only Occupational Safety and Health Administration (OSHA)-certified LEA will enter a known meth lab. Any other responders who are in a home and begin to have suspicions that a meth lab is present will exit immediately without alarming the suspects; contact LEA (call 9-1-1); request immediate dispatch; and give details about the scene (weapons, odors, number of people inside, chemicals, equipment, etc.).
2. No one other than OSHA-certified LEA will remove adults/children from a home that contains a meth lab. This is for the safety of everyone involved; uncertified responders may inadvertently set off an explosion. The chemicals used to make meth are highly volatile. Labs are often guarded by firearms, traps, explosives and other hazards.
3. If a child protective services worker is not already on the scene, responders shall contact DHS and request immediate dispatch, state that children have been found at a meth lab and if possible, state the names and dates of birth.
4. LEA will enter the lab wearing appropriate safety gear (Refer to [OSHA Standards 1910.132-137 \(Personal Protective Equipment\)](#); secure the scene; and remove adults and children from home.
5. No clothing (other than what the children are wearing), toys, food or drink will be removed from the home as these items are likely contaminated. Either a Tyvek® suit or the clothing contained in the DEC kits should be placed on the child or over the children's clothing. If essential items such as medications, eyeglasses, etc. must be removed, place in a sealed bag.

C. PRELIMINARY MEDICAL ASSESSMENT OF CHILDREN

Appropriate Responder: DHS and Medical personnel

Pursuant to P.A. 266 of 2006, DHS shall have a medical evaluation made without a court order if the child is displaying symptoms suspected to be the result of exposure to or contact with methamphetamine production.

DHS, and in their absence the LEA, will ensure that medically-trained personnel conduct an initial assessment as soon as possible (within 4 hours) upon discovery of children at meth lab/home. If children are in need of emergency care please refer to letter D, below. ([Refer to Michigan DEC Medical Care Protocol](#)).

D. EMERGENCY TRANSPORT OF CHILDREN TO MEDICAL FACILITY

Appropriate Responder: Emergency Medical Services (EMS)

If children have critical injuries, illness, or severe emotional trauma, transport to the Emergency Room (ER) immediately. If children were removed from a *meth lab*, call prior to arrival, alert of possible chemical contamination and follow ER procedures.

E. PHOTOGRAPHING AND DECONTAMINATION OF CHILDREN REMOVED FROM METH LAB/HOME

Appropriate Responder: LEA *Note: DHS may be on the scene to assist LEA with children.

Special consideration should be given to who assists children with the decontamination process. A child may be uncomfortable being undressed by someone of the opposite sex or someone other than a medical professional.

1. If possible, photograph and decontaminate the children (remove chemical residue) *at the scene* by taking the children to a safe location that affords privacy and by doing the following: Wear nitrile gloves; photograph children in original clothing to document condition of child; photograph any visible injuries; dress in disposable Tyvek® suit or clean clothing provided by a responder; follow LEA procedure for disposal of contaminated gloves, and clothing.
2. If not possible to decontaminate at the scene, protect responders and response vehicles from chemical residue on child prior to transport by doing the following: Wear nitrile gloves; leave child in existing clothing; wrap child in a disposable emergency blanket or a thick blanket; or put oversized coat/sweat suit over child's clothing; and follow LEA procedure for disposal of contaminated gloves.

F. OBTAINING URINE SAMPLE FROM CHILDREN WITHIN 4 (FOUR) HOURS

Appropriate Responder: Medical Personnel

A urine sample should be collected from all children who are removed from *meth labs*. For children removed from *meth homes* (where meth was being used or dealt but not manufactured), DHS should collaborate with LEA and medical personnel to determine whether a urine screen should occur, based on the likelihood of exposure, weighing such factors as the child's access to the drugs. Any urine samples must be collected within 4 hours of the child's removal to yield the most accurate results (for medical analysis and for evidence for prosecuting child endangerment). Consideration should be given to the age and sex of the child when determining who will monitor (and assist, if necessary) the child during this process.

Note: If possible, order a urine screen that will test for presence of meth or other controlled substances at any detectable level (performed at 50 nanograms or lower. Do not use NINA thresholds for screening purposes).

G. FORENSIC INTERVIEW OF CHILDREN

Appropriate Responder: DHS responsibility in conjunction with LEA to ensure that appropriately trained personnel conduct forensic interview per DHS protocol.

The purpose of this brief interview is to determine the children's primary caregiver, the kind of care the children are receiving and the degree of access children have had to the meth lab and/or drugs.

1. If possible, given specific circumstances, conduct forensic interview of child at the scene to ascertain:
 - a. Last meal eaten and who prepared it
 - b. Last bathing and by whom
 - c. How child feels physically and mentally
 - d. Child aware if anyone in home smokes? If yes, what do they smoke?
 - e. Anything in house that bothers the child?
 - f. Other siblings living in the house who aren't home right now?
2. A second forensic interview in a child-friendly setting should occur within 48 hours of discovery of children within a drug endangered environment.

H. REMOVAL AND PLACEMENT OF CHILDREN

Appropriate Responder: DHS and/or LEA

When DHS finds that a child within a drug home is at an imminent risk of harm or threatened harm and it is contrary of the welfare of the child to remain in the home, DHS must intervene on behalf of these children and determine the appropriate action and/or placement, per DHS policy.

Pursuant to Public Act 256 of 2006, within 24 hours after DHS determines that a child was allowed to be exposed to or have contact with methamphetamine production, DHS shall submit a petition for authorization by the court under MCL 712A.2.

If DHS is unable to respond to the scene, any available responder should contact a local DHS office to report the drug endangered child. Other responders should not release children to neighbors, relatives, etc.

1. If DHS is seeking removal, DHS will contact the court to obtain an order for out-of-home placement.
2. DHS will obtain children's birth and medical information from caregivers and serve notice of preliminary hearing.
3. If not done previously, child(ren) will be decontaminated per the national protocol (see Procedure E details).
4. After an order from the court is obtained, DHS will transport children to out-of-home placement and explain the following to the children's caregivers:
 - a. The children were removed from a drug endangered home and had exposure to controlled substances and/or hazardous materials.
 - b. The children must be medically assessed pursuant to Procedure C.
 - c. The children will need additional exams/care within 30 days pursuant to DHS policy or a court order.
 - d. *If the children were taken from an operational meth lab, the following should also be explained to the caregiver:*
 - i. If child has not been properly decontaminated, the caregiver should immediately bathe the child with soap and warm water. Any contaminated clothing and coverings used for transport should either be cleaned by washing in hot water and laundry detergent separately from other clothing or placed in the garbage in a closed plastic bag.
 - ii. None of the child's personal belongings were removed from the home due to danger of chemical contamination.

I. LOCATION OF OTHER CHILDREN

Appropriate Responder: DHS

1. DHS will attempt to locate all other children known to live in the drug home who were not present at the time of discovery.
2. DHS will arrange an initial child-friendly forensic interview to determine how many hours it has been since the children have been in the home and determine if an initial medical assessment is appropriate to determine whether children are in need of emergency care.

J. DOCUMENTATION OF CHILD ENDANGERMENT

Appropriate Responder: LEA and DHS

LEA should follow Michigan State Police Methamphetamine Protocol

DHS should follow Department of Human Services policy for documentation

1. The clandestine/drug lab and/or anything else that can support a finding of child endangerment will be documented. The documentation should make clear the degree of accessibility to the child. Documentation will occur in writing, photos and/or video and will include any of the following risk factors:
 - a. Visible evidence of children's presence, particularly proximity of children's belongings to chemicals
 - b. Children's accessibility to drugs, drug residue, chemicals, syringes and drug paraphernalia
 - c. Proximity of hazards to children's play, sleep and eating areas
 - d. Other hazards and indications of neglect
 - e. Access to pornography
 - f. Access to weapons
 - g. Food quantity and quality
 - h. Sleeping conditions
 - i. Sanitary conditions
2. Document any surveillance equipment, weapons (note if loaded) and/or explosives (note if live).
3. Retrieve samples for forensic laboratory.
4. Interview neighbors and other witnesses as appropriate.
5. Dismantle meth lab (must be completed by personnel certified to dismantle clandestine labs)
6. LEA will share appropriate information and/or investigative reports regarding child endangerment with DHS.

K. COMPLETE MEDICAL EVALUATION OF CHILDREN

Appropriate Responder: Medical Doctor See Michigan DEC Medical Protocol

L. PROSECUTION AND ADMINISTRATIVE FOLLOW-UP

Appropriate Responder: LEA, DHS, prosecution, medical providers

1. LEA will complete necessary reports that include documentation of child endangerment and forward them to the local prosecuting attorney.
2. LEA will notify the local enforcing agency under Public Act 307 for all meth related incidents.
3. LEA, DHS and medical providers will coordinate exchange of information contained in DHS intake/investigation

report(s), medical report (including urine screen results), and LEA report. Each agency should ensure that the appropriate reports are forwarded to the prosecutor's office.

4. Pursuant to Public Act 256 of 2006, within 24 hours after DHS determines that a child was allowed to be exposed to or have contact with methamphetamine production, DHS shall submit a petition for authorization from the court under MCL 712A.2
5. The prosecuting attorney will review evidence and information gathered from other agencies and decide what legal action should be taken, including the following:
 - a. Filing criminal charges.
 - b. Filing child neglect petition in Family Court Division of Circuit Court.
 - c. Making referral of potential child abuse or neglect to Department of Human Services.
 - d. Notifying law enforcement of potential illegal drug activity (if law enforcement not yet involved).
 - e. Participating in forensic interview of drug endangered children.
6. Prosecutor should share all accessible information with other agencies and interested parties.
7. In the event that DHS does not substantiate abuse or neglect, the prosecutor should consider filing petition in family court without their involvement if situation so warrants.

M. FOLLOW-UP CARE FOR CHILDREN

Appropriate Responder: DHS, medical/mental/developmental/dental health providers

1. For children that are under the care and custody of the State of Michigan, DHS will ensure that all follow-up medical, dental, mental health and developmental evaluations are occurring as needed and all necessary treatment is being provided to the child.
2. DHS will collaborate with medical/mental/developmental health care providers to evaluate the needs of the children.
3. DHS will provide information on appropriate follow-up care to children's caregivers.
4. DHS should not allow child/parent visits to occur in homes that formerly housed meth labs unless it has been cleaned pursuant to PA 258 and 260 (check with local public health department to confirm). This is because presently, Michigan has no standardized method for tracking and certifying decontamination of such sites.